

As our colleagues on the other side of the Capitol concur, H.R. 2520 is a good start. This bill would allow the Secretary of Health and Human Services to work with cord blood banks to collect and maintain cord blood for the purpose of stem cell research.

The cord blood would be collected with informed consent, in a manner that complies with Federal and State regulations, and from a genetically diverse population.

It is my hope that this legislation will give us a taste of the marvelous potential of stem cell research, and I urge my colleagues to support this legislation.

Mr. HOLT. Mr. Speaker, I rise to congratulate the State of New Jersey on its national leadership in efforts to treat deadly and debilitating illnesses. Yesterday, New Jersey became the first State in the Nation to award public funds to conduct human embryonic stem cell research.

Under the leadership of Acting Governor Richard Codey and NJCST Executive Director Sherrie Preische, the New Jersey Commission on Science and Technology (NJCST) will award 17 grants totaling \$5 million to scientists at corporate, non-profit, and university laboratories to research the potential of stem cells as a means to diagnose, treat, cure, and prevent disease. Each scientist will receive around \$300,000 to conduct their research. Three of these grants will go to scientists researching embryonic stem cells.

Since the formation of the New Jersey Stem Cell Institute, New Jersey has established itself as a leader in furthering potentially life-saving research on adult stem cells. And by awarding these research grants, New Jersey is actively working to support groundbreaking research on embryonic stem cells, which hold great promise in improving health care as we know it.

Embryonic stem cells—undifferentiated cells produced early in embryonic development—offer possible treatments for a variety of diseases from cancer to Parkinson's disease to diabetes. Ultimately, scientists may be able to develop reparative tissue, treat a host of debilitating diseases, and even generate organs specifically tailored to a person's unique genetic blueprint. This research offers mankind the prospect of overcoming devastating diseases, affording us the opportunity to live longer, healthier lives. For these advances to take place, we must invest public funding in critical research to support scientists, rather than restrict them.

I am proud that the people of New Jersey have committed public funds for this important research, and I am glad that New Jersey has moved quickly to distribute grants to researchers so that their work can begin. I am particularly pleased that these grants were awarded after exhaustive ethical review led by former Princeton University President Harold Shapiro, and that research ethics will play an important role as the awardees move forward with their research.

I am confident that States who have established programs with similar goals will move quickly to support this research as well. But despite the forward thinking and progressive research that New Jersey and other states are exploring, it is unfortunate that the Federal Government has delayed and restricted research using federal dollars. I am hopeful that the leadership of New Jersey to fund embryonic stem cell research will have tremendous

dividends, not just for New Jersey, but for society. New Jersey understands that it is ethical and wise to invest in research that will benefit so many. The Federal Government must recognize this fact as well.

Again, I congratulate New Jersey for supporting ground-breaking research on embryonic stem cells. I ask unanimous consent to include a list of the researchers who have received these important stem cell research grants in the RECORD.

Mr. BURGESS. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore (Mr. BOOZMAN). The question is on the motion offered by the gentleman from Georgia (Mr. DEAL) that the House suspend the rules and concur in the Senate amendment to the bill, H.R. 2520.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mr. BURGESS. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this question will be postponed.

STATE HIGH RISK POOL FUNDING EXTENSION ACT OF 2005

Mr. BURGESS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4519) to amend the Public Health Service Act to extend funding for the operation of State high risk health insurance pools.

The Clerk read as follows:

H.R. 4519

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "State High Risk Pool Funding Extension Act of 2005".

SEC. 2. EXTENSION OF FUNDING FOR OPERATION OF STATE HIGH RISK HEALTH IN- SURANCE POOLS.

Section 2745 of the Public Health Service Act (42 U.S.C. 300gg-45) is amended to read as follows:

"SEC. 2745. RELIEF FOR HIGH RISK POOLS.

"(a) SEED GRANTS TO STATES.—The Secretary shall provide from the funds appropriated under subsection (d)(1)(A) a grant of up to \$1,000,000 to each State that has not created a qualified high risk pool as of the date of enactment of the State High Risk Pool Funding Extension Act of 2005 for the State's costs of creation and initial operation of such a pool.

"(b) GRANTS FOR OPERATIONAL LOSSES.—

"(1) IN GENERAL.—In the case of a State that has established a qualified high risk pool that—

"(A) restricts premiums charged under the pool to no more than 200 percent of the premium for applicable standard risk rates;

"(B) offers a choice of two or more coverage options through the pool; and

"(C) has in effect a mechanism reasonably designed to ensure continued funding of losses incurred by the State in connection with operation of the pool after the end of the last fiscal year for which a grant is provided under this paragraph;

the Secretary shall provide, from the funds appropriated under paragraphs (1)(B)(i) and (2)(A) of subsection (d) and allotted to the State under paragraph (2), a grant for the losses incurred by the State in connection with the operation of the pool.

"(2) ALLOTMENT.—Subject to paragraph (4), the amounts appropriated under paragraphs (1)(B)(i) and (2)(A) of subsection (d) for a fiscal year shall be allotted and made available to the States (or the entities that operate the high risk pool under applicable State law) that qualify for a grant under paragraph (1) as follows:

"(A) An amount equal to 40 percent of such appropriated amount for the fiscal year shall be allotted in equal amounts to each qualifying State that is one of the 50 States or the District of Columbia and that applies for a grant under this subsection.

"(B) An amount equal to 30 percent of such appropriated amount for the fiscal year shall be allotted among qualifying States that apply for such a grant so that the amount allotted to such a State bears the same ratio to such appropriated amount as the number of uninsured individuals in the State bears to the total number of uninsured individuals (as determined by the Secretary) in all qualifying States that so apply.

"(C) An amount equal to 30 percent of such appropriated amount for the fiscal year shall be allotted among qualifying States that apply for such a grant so that the amount allotted to a State bears the same ratio to such appropriated amount as the number of individuals enrolled in health care coverage through the qualified high risk pool of the State bears to the total number of individuals so enrolled through qualified high risk pools (as determined by the Secretary) in all qualifying States that so apply.

"(3) SPECIAL RULE FOR POOLS CHARGING HIGHER PREMIUMS.—In the case of a qualified high risk pool of a State which charges premiums that exceed 150 percent of the premium for applicable standard risks, the State shall use at least 50 percent of the amount of the grant provided to the State to carry out this subsection to reduce premiums for enrollees.

"(4) LIMITATION FOR TERRITORIES.—In no case shall the aggregate amount allotted and made available under paragraph (2) for a fiscal year to States that are not the 50 States or the District of Columbia exceed \$1,000,000.

"(c) BONUS GRANTS FOR SUPPLEMENTAL CONSUMER BENEFITS.—

"(1) IN GENERAL.—In the case of a State that is one of the 50 States or the District of Columbia, that has established a qualified high risk pool, and that is receiving a grant under subsection (b)(1), the Secretary shall provide, from the funds appropriated under paragraphs (1)(B)(ii) and (2)(B) of subsection (d) and allotted to the State under paragraph (3), a grant to be used to provide supplemental consumer benefits to enrollees or potential enrollees (or defined subsets of such enrollees or potential enrollees) in qualified high risk pools.

"(2) BENEFITS.—A State shall use amounts received under a grant under this subsection to provide one or more of the following benefits:

"(A) Low-income premium subsidies.

"(B) A reduction in premium trends, actual premiums, or other cost-sharing requirements.

"(C) An expansion or broadening of the pool of individuals eligible for coverage, such as through eliminating waiting lists, increasing enrollment caps, or providing flexibility in enrollment rules.

"(D) Less stringent rules, or additional waiver authority, with respect to coverage of pre-existing conditions.

"(E) Increased benefits.

“(F) The establishment of disease management programs.

“(3) ALLOTMENT; LIMITATION.—The Secretary shall allot funds appropriated under paragraphs (1)(B)(ii) and (2)(B) of subsection (d) among States qualifying for a grant under paragraph (1) in a manner specified by the Secretary, but in no case shall the amount so allotted to a State for a fiscal year exceed 10 percent of the funds so appropriated for the fiscal year.

“(4) RULE OF CONSTRUCTION.—Nothing in this subsection shall be construed to prohibit a State that, on the date of the enactment of the State High Risk Pool Funding Extension Act of 2005, is in the process of implementing a program to provide benefits of the type described in paragraph (2), from being eligible for a grant under this subsection.

“(d) FUNDING.—

“(1) APPROPRIATION FOR FISCAL YEAR 2006.—There are authorized to be appropriated for fiscal year 2006—

“(A) \$15,000,000 to carry out subsection (a); and

“(B) \$75,000,000, of which, subject to paragraph (4)—

“(i) two-thirds of the amount appropriated shall be made available for allotments under subsection (b)(2); and

“(ii) one-third of the amount appropriated shall be made available for allotments under subsection (c)(3).

“(2) AUTHORIZATION OF APPROPRIATIONS FOR FISCAL YEARS 2007 THROUGH 2010.—There are authorized to be appropriated \$75,000,000 for each of fiscal years 2007 through 2010, of which, subject to paragraph (4)—

“(A) two-thirds of the amount appropriated for a fiscal year shall be made available for allotments under subsection (b)(2); and

“(B) one-third of the amount appropriated for a fiscal year shall be made available for allotments under subsection (c)(3).

“(3) AVAILABILITY.—Funds appropriated for purposes of carrying out this section for a fiscal year shall remain available for obligation through the end of the following fiscal year.

“(4) REALLOTMENT.—If, on June 30 of each fiscal year for which funds are appropriated under paragraph (1)(B) or (2), the Secretary determines that all the amounts so appropriated are not allotted or otherwise made available to States, such remaining amounts shall be allotted and made available under subsection (b) among States receiving grants under subsection (b) for the fiscal year based upon the allotment formula specified in such subsection.

“(5) NO ENTITLEMENT.—Nothing in this section shall be construed as providing a State with an entitlement to a grant under this section.

“(e) APPLICATIONS.—To be eligible for a grant under this section, a State shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

“(f) ANNUAL REPORT.—The Secretary shall submit to Congress an annual report on grants provided under this section. Each such report shall include information on the distribution of such grants among States and the use of grant funds by States.

“(g) DEFINITIONS.—In this section:

“(1) QUALIFIED HIGH RISK POOL.—

“(A) IN GENERAL.—The term ‘qualified high risk pool’ has the meaning given such term in section 2744(c)(2), except that a State may elect to meet the requirement of subparagraph (A) of such section (insofar as it requires the provision of coverage to all eligible individuals) through providing for the enrollment of eligible individuals through an acceptable alternative mechanism (as de-

fined for purposes of section 2744) that includes a high risk pool as a component.

“(2) STANDARD RISK RATE.—The term ‘standard risk rate’ means a rate—

“(A) determined under the State high risk pool by considering the premium rates charged by other health insurers offering health insurance coverage to individuals in the insurance market served;

“(B) that is established using reasonable actuarial techniques; and

“(C) that reflects anticipated claims experience and expenses for the coverage involved.

“(3) STATE.—The term ‘State’ means any of the 50 States and the District of Columbia and includes Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands.”

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Texas (Mr. BURGESS) and the gentleman from Ohio (Mr. BROWN) each will control 20 minutes.

The Chair recognizes the gentleman from Texas.

GENERAL LEAVE

Mr. BURGESS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

Mr. BURGESS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I am pleased that we are on the verge of passing H.R. 4519, the State High Risk Pool Funding Extension Act. Simply put, this bill will help more people get health insurance.

People with preexisting conditions or high health care expenses face major difficulties when they seek to purchase health insurance. This is especially true for workers in small businesses or those who are self-employed, so they often go without health insurance and turn to government programs like Medicaid when they become sick or disabled.

This bill authorizes Federal grant money to help fund the initial startup and operation of State high risk pools. Risk pools allow eligible individuals to purchase health insurance, pay premiums and receive health coverage through private insurers. This grant money will allow States with these pools to cover more individuals and reduce the premiums they must pay.

Mr. Speaker, my home State of Texas was left out of the Federal funding when this program was created, and now States like my State of Texas will have the ability to access these Federal funds. This bill will help reduce the number of uninsured and provide affordable health insurance for more Americans. That is an important part, affordable health insurance, one of the things we talk about every day in this body.

I want to thank the bill's sponsors, JOHN SHADEGG and ED TOWNS, and I want to thank their staffs for their hard work on this bill. I would also

note that the bill before us today is the result of bipartisan and bicameral compromise, and I want to additionally thank the staff at the Senate Health Education Labor and Pensions Committee for their efforts on this legislation. Lastly, I would like to thank the staff of the Energy and Commerce Committee, including Bill O'Brien on the majority staff, Amy Hall and Bridgett Taylor on Ranking Member JOHN DINGELL's staff for their efforts to develop this bipartisan proposal that will help States to insure individuals who would otherwise not have been able to get affordable health coverage.

Mr. Speaker, I reserve the balance of my time.

Mr. BROWN of Ohio. Mr. Speaker, I yield myself as much time as I consume.

Mr. Speaker, I am pleased to support H.R. 3204, which authorizes funding for State high risk insurance pools. I commend my colleagues Mr. SHADEGG and Mr. TOWNS for their hard work on this legislation.

In many States, high risk insurance pools are the only options for individuals who have been denied access to coverage in the commercial insurance system. This legislation before us is intended not only to strengthen existing high risk pools but to help States without such pools, my State of Ohio is one of them, to establish them. But as we reauthorize this legislation, it is important to place high risk insurance pools in context. These pools are a symptom of a troubled insurance system, not a cure for it.

The fact is, health insurance itself is supposed to serve as a high risk pool. It used to be that health insurance was offered to everyone at the same premium because any one of us could be the unlucky one to need health care that we simply could not afford. By spreading the risk broadly, good health insurance could be affordable for everyone regardless of their health needs. But commercial insurers did what businesses do: They figured out, of course, how to maximize profits. You cannot blame them for that. You can, however, blame us, blame this Congress, blame State legislators, blame policymakers for letting them get away with it.

The best way to earn profits in the health insurance industry is simple: It is to avoid insuring people who might actually use their coverage. Health insurers use every trick in the book, as we know, that they can come up with to avoid those people. To the extent that they can get away with it, commercial insurers underwrite and price people who need coverage right out of the insurance market. Private health insurance used to be a community; now it is a country club. So we are left with stop-gap mechanisms like high risk insurance pools. They are far from ideal, but our most vulnerable citizens would be worse off without them. We should make sure high risk insurance pools are available. But we should also keep

working until we render them unnecessary.

I appreciate the author's willingness to accept an amendment I offered during committee to ensure that States use at least 50 percent of the bill's funding to expand to the pool or to improve the high risk coverage. As it stands today, States can and States have used Federal risk pool funding to replace dollars collected for the pool from private health insurers, leaving the risk pools themselves no better off. That is a subversion of the bill's purpose. That is a questionable use of Federal funding.

My amendment reminds the States the Federal high risk pool funding is intended to expand the quality and the reach of high risk pools, not to let commercial insurers again off the hook for making these pools necessary. I urge my colleagues to support this legislation on behalf of individuals disenfranchised from private health insurance.

Mr. Speaker, I reserve the balance of my time.

Mr. BURGESS. Mr. Speaker, I am pleased to yield such time as he may consume to the gentleman from Arizona (Mr. SHADEGG).

(Mr. SHADEGG asked and was given permission to revise and extend his remarks.)

Mr. SHADEGG. Mr. Speaker, I want to begin by thanking the full committee chairman, Mr. BARTON, who is not with us today, who has been hospitalized as a result of a medical problem and, I understand, doing well; the ranking member, Mr. DINGELL; the chairman of our subcommittee, Mr. DEAL; as well as the ranking member, Mr. BROWN, for moving this important legislation forward. It is in fact critically important legislation for all Americans but particularly for those with preexisting conditions and those with chronic illnesses.

H.R. 4519 extends Federal funding, which was first made available under the Trade Act of 2002, for the establishment and the operation of State high risk pools. The bill provides \$15 million in seed grants to any State or, as a result of a bipartisan amendment of the bill, to any territory which has not yet created a State high risk pool for creation of that high risk pool. That is very important, because a number of States do not yet have them. This money is available as \$1 million one-time grants for the creation of such a high risk pool.

In addition, it provides \$75 million in each of the fiscal years between 2006 and 2010 for the operational expenses of these high risk pools. Those moneys are allocated according to a formula referred to a moment ago by the ranking member, Mr. BROWN. That formula includes the number of qualifying States, the number of uninsured individuals and the number of individuals enrolled in the State's high risk program. These moneys are extremely important, and I think it is important

also to note that territories are available both for the seed grants to establish a high risk pool and for the operational grants.

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State high risk pools, as have been noted here, help provide health insurance for those who have preexisting conditions or chronic illnesses or who for any other reason cannot afford health insurance. High risk pools allow individuals who are eligible to purchase health insurance to pay a premium and receive coverage.

Because they are at-risk people with very high medical needs, these premiums are capped in the high risk pool, and often the premiums do not cover the cost of the health insurance that is provided. As a result, the cost of operating the pool needs to be subsidized or offset by the States. States operating these pools make up that shortfall, and the operating funds that are provided here assist in doing that.

There are many things that we can do in this area of health insurance; and I agree with my colleague, Mr. BROWN, that high risk pools are not in fact a solution; they are, in fact, rather a symptom of a problem we have in health insurance today.

I think that there is much more that we can and should do to make health insurance affordable and available to all Americans. I would like to see us create here in this Congress a refundable tax credit for all Americans so that they can go out and purchase health insurance themselves. We have sadly today in America some 44 million-plus who cannot afford health insurance and who are, therefore, uncovered.

If we were to create a tax credit allowing people to take a portion of the income taxes they would otherwise send to the government to go buy health insurance, and for those who are poor and do not pay income taxes now, make that a refundable tax credit, that is, actually provide them with a voucher or with cash to go buy health insurance, we could cut the number of uninsured in America dramatically. And that would be a huge step forward in this Nation, to reduce the number of uninsured and make sure that everyone in this country has health insurance.

Unfortunately, that legislation is not before us at this point. It is the kind of progress that I hope we can make. But this legislation is. Before we move forward on the idea of a refundable tax credit, we must make sure that we take care of those who are most in need in America. High risk pools are a targeted tool for the uninsured. They are a safety net.

In addition to providing access to insurance for those with preexisting conditions and the chronically ill, they also alleviate the need for cross-subsidization. All of us are aware that those of us buying insurance today pay a higher premium because of the needs of those who cannot afford insurance.

High risk pools alleviate that need. I join my colleagues in calling for the passage of this legislation. I appreciate that it is a bipartisan effort, and I want to thank my colleagues on the opposite side of the aisle for their help. I urge passage of the legislation.

Mr. BURGESS. Mr. Speaker, I yield 2 minutes to the gentleman from Georgia (Mr. NORWOOD).

Mr. NORWOOD. Mr. Speaker, I thank my friend from Texas for the time.

Mr. Speaker, I rise in strong support of H.R. 4519, which would extend seed grant money for the creation and operation of high risk pools. I thank my friend, Mr. SHADEGG, for bringing this. This is extremely important legislation. It has the potential, if it works right, to help all of us pay lower premiums in the future for our insurance policies.

This is a nonpartisan issue. High risk pools have quietly become very important and are a very important part of our Nation's public-private patchwork of health care coverage. The folks covered are often times employed. They are paying taxes. But they cannot get coverage under a normal insurance plan.

Pools are already covering thousands of people who through no fault of their own do not have access to group health insurance and cannot simply afford the coverage in the individual market. Thirty-one States are already operating high risk pools that offer good coverage at reasonable prices.

I hope with the passage of this bill my home State now will be able to join that number. Mr. Speaker, this legislation takes us a step closer to making sure that everyone can purchase the health insurance protection they need. I know the worries associated with a serious health condition, and my constituents know the danger that catastrophic health care costs can pose to working families, especially rural families and the self-employed. High risk pools reduce costs on the government in the long term by providing a private safety net of coverage.

I urge my colleagues to support this legislation, and I hope at some point in time we will take up Mr. SHADEGG's idea of tax credits for health care. But in the meantime, we need to make sure we get these high risk pools in place, and that will allow many Americans to buy health care insurance because the premiums will be reduced.

Mr. BROWN of Ohio. Mr. Speaker, I yield back the balance of my time.

Mr. BURGESS. Mr. Speaker, just in closing, I would say that I do appreciate Mr. SHADEGG bringing this bill to the floor today. I appreciate him bringing up the concept of the refundable tax credit. I, too, think this is important legislation, that we in the Chamber today have some of the best minds on the health subcommittee. I hope we can work together to get that passed next year.

I hope we can look at other opportunities such as what Governor Jeb Bush

is doing down in the State of Florida for purchasing insurance for those working poor who cannot afford it. But this is a good bill; this is good legislation. It will be very helpful back in my home State of Texas.

Ms. BORDALLO. Mr. Speaker, I rise in support of H.R. 4519, the State High Risk Pool Funding Extension Act of 2005. I do so mainly because this bill would not only extend the authorization for Federal support for State high risk health insurance pools until 2010, but also because it provides, for the first time, authorization for the U.S. territories to receive this Federal support. With this Federal support, the U.S. territories will be able to establish and operate high risk health insurance pools like those already successfully operating in several States.

The costs of providing health care in the U.S. territories are very high due to the number of uninsured individuals, the prevalence of chronic diseases among residents, significant transportation expenses, and small risk pools over which to spread the cost of health insurance. Additionally, the vast majority of employers in the U.S. territories are small businesses. Like most small businesses nationwide, Guam's small businesses are limited in their financial ability to offer affordable health coverage to their employees.

The State high risk pool model is an innovative method to address the need for health insurance for high risk populations. To date, 31 States have established high risk health insurance pools. However, section 201(b) of the Trade Act of 2002 (Public Law 107-210), which authorized Federal funding for the creation and initial operation of high risk pools in the States did not include the U.S. territories among those eligible to receive this funding. The ineligibility of the U.S. territories for this assistance remains a concern. Previous versions of this bill being considered today to reauthorize this Federal program did not include the U.S. territories among those to be qualified to receive seed funding and additional grants to initiate and operate high risk pools.

However, the bill before us today, the product of negotiations over the last several months, does include the U.S. territories. H.R. 4519 will enable Guam and the other U.S. territories to form high risk insurance pools. The establishment of such pools will save the Federal Government Medicaid resources, because individuals with chronic illnesses will have another alternative to utilize to pay for expensive healthcare services. Assisting the U.S. territories in operating high risk pools will help the local treasuries with insuring high risk individuals. The establishment of high risk pools will reduce the risk of the general pool of health insurance consumers in the U.S. territories. This will allow for greater competition in the health insurance market, reduced costs for consumers, and will result in more economically manageable and affordable employee health plans for small businesses.

I came to this floor on July 27 of this year to highlight the need to include the U.S. territories in this Federal program, when this House debated H.R. 3204, the precursor to the bill before us today. The gentleman from Arizona, Mr. SHADEGG, the author of this bill, recognized this need. The gentleman from Georgia, Mr. DEAL, and the gentleman from Ohio, Mr. BROWN, supported this request. I

thank them for their leadership and for their attention to and understanding of the needs of the U.S. territories. Additionally, I want to thank the gentleman from Texas, Mr. BARTON, and the gentleman from Michigan, Mr. DINGELL, the chairman and the ranking Democratic member of the House Committee on Energy and Commerce, respectively, and their staffs, for their attention to this issue. I thank all of these gentlemen for their cooperation and assistance on this important issue. Together, with my colleagues from the Virgin Islands, Mrs. CHRISTENSEN, American Samoa, Mr. FALOMAVAEGA, and Puerto Rico, Mr. FORTUÑO, we were able to improve the legislation to take into account the needs of the U.S. territories. I look forward to working with the U.S. Department of Health and Human Services and the Government of Guam in establishing a high risk pool in Guam with Federal seed money.

I urge my colleagues to support H.R. 4519.

Mr. DINGELL. Mr. Speaker, I am pleased the House is taking up H.R. 4519, a bill to reauthorize funds for State high risk health insurance pools, a program that was first passed in the Trade Adjustment Assistance Act. This bill also makes a number of improvements to the program.

High risk pools are by no means a solution for all of the more than 45 million uninsured in this nation. As long as we, however, continue to have a system of health care cobbled together as it is, high risk pools will fill part of the void.

Unfortunately, these high risk pools have included very high premiums and limited benefits. When Congress first provided funding for these pools, the majority of the States used the funding to lower assessments on insurance companies rather than improve benefits or reduce out-of-pocket costs for families. H.R. 4519 includes an important provision that would ensure some portion of this Federal funding goes to improving the pools by reducing premium costs or improving benefits for those who need health care.

And although we have taken a small step here to do good, the Congress is considering a budget reconciliation package that includes harsh cuts in the program that provides health insurance to more than 50 million Americans—Medicaid. These cuts would strip benefits and increase out-of-pocket costs for low-income families and individuals, including children, pregnant women, and those living with disabilities.

If Congress were really determined to help the uninsured, we would begin by rejecting the provisions in the reconciliation package that cut coverage and increase costs for our most vulnerable citizens.

Mr. BURGESS. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore (Mr. BOOZMAN). The question is on the motion offered by the gentleman from Texas (Mr. BURGESS) that the House suspend the rules and pass the bill, H.R. 4519.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

DEPARTMENT OF JUSTICE APPROPRIATIONS AUTHORIZATION ACT, FISCAL YEARS 2006 THROUGH 2009

Mr. SENSENBRENNER. Mr. Speaker, I move to suspend the rules and concur in the Senate amendment to the bill (H.R. 3402) to authorize appropriations for the Department of Justice for fiscal years 2006 through 2009, and for other purposes.

The Clerk read as follows:

Senate amendment:

Strike out all after the enacting clause and insert:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Violence Against Women and Department of Justice Reauthorization Act of 2005".

SEC. 2. TABLE OF CONTENTS.

The table of contents for this Act is as follows:

Sec. 1. Short title.

Sec. 2. Table of contents.

Sec. 3. Universal definitions and grant provisions.

TITLE I—ENHANCING JUDICIAL AND LAW ENFORCEMENT TOOLS TO COMBAT VIOLENCE AGAINST WOMEN

Sec. 101. Stop grants improvements.

Sec. 102. Grants to encourage arrest and enforcement protection orders improvements.

Sec. 103. Legal Assistance for Victims improvements.

Sec. 104. Ensuring crime victim access to legal services.

Sec. 105. The Violence Against Women Act court training and improvements.

Sec. 106. Full faith and credit improvements.

Sec. 107. Privacy protections for victims of domestic violence, dating violence, sexual violence, and stalking.

Sec. 108. Sex offender management.

Sec. 109. Stalker database.

Sec. 110. Federal victim assistants reauthorization.

Sec. 111. Grants for law enforcement training programs.

Sec. 112. Reauthorization of the court-appointed special advocate program.

Sec. 113. Preventing cyberstalking.

Sec. 114. Criminal provision relating to stalking.

Sec. 115. Repeat offender provision.

Sec. 116. Prohibiting dating violence.

Sec. 117. Prohibiting violence in special maritime and territorial jurisdiction.

Sec. 118. Updating protection order definition.

Sec. 119. GAO study and report.

Sec. 120. Grants for outreach to underserved populations.

Sec. 121. Enhancing culturally and linguistically specific services for victims of domestic violence, dating violence, sexual assault, and stalking.

TITLE II—IMPROVING SERVICES FOR VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, AND STALKING

Sec. 201. Findings.

Sec. 202. Sexual assault services program.

Sec. 203. Amendments to the Rural Domestic Violence and Child Abuse Enforcement Assistance Program.

Sec. 204. Training and services to end violence against women with disabilities.

Sec. 205. Training and services to end violence against women in later life.

Sec. 206. Strengthening the National Domestic Violence Hotline.

TITLE III—SERVICES, PROTECTION, AND JUSTICE FOR YOUNG VICTIMS OF VIOLENCE

Sec. 301. Findings.